Official Testing Form

Customer Label

Fieldman:	
Producer#:	
Name:	
Ph:	
email:	

Petrifilm Controls				INC. Temp	
H_2O		AIR		0 Hour	
PAC		Pipette		24 Hour	
PCC		HSCC		48 Hour	

Anti Controls		
	Result	Interp
POS		
NEG		

Date Rec'D:	Time Rec'D:
Temp Rec'D:	Received By:
Date Sampled:	Time Sampled:
Temp Sampled:	Sampled By:
Date Tested:	Time Tested:
Temp Tested:	Tested By:
License No:	

	Sample ID					
	Anti: SL _____					
	Anti: SL _____					
	Anti: Delvo 5 Pack					
	PAC 1:10					
	PAC 1:100					
	PAC 1:1000					
	PAC CALC					
	PLC					
	LP - dilution _____					
	PI - dilution _____					
	Coli					
	E Coli					
	HSCC					
	Staph A					
	BACTO SPCx1000					
	BACTO PICx1000					
	Phosphatase					
	DMC					
	DMSCC					
	ESCC x/ 1000					
	BFAT					
	Protein					
	Lactose					
	O Solid					
	T Solid					
	MUN					
	E FPD					

Comments:		Immediate _____
		Emergency _____

Dairy One

720 Warren Road • Ithaca, NY • 14850
Phone: 800-344-2697 • Fax: 607-257-6808 • www.dairyone.com

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